



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: ADMINISTRATIVE REQUIREMENTS

Subject: Serious Occurrence Report

SERIOUS OCCURRENCE REPORT

The Senior and Long Term Care Division has established a system of reporting and monitoring serious incidents that involve members served by the Community Services Bureau (CSB) in order to identify, manage and mitigate overall risk to a member. Information obtained through this reporting system is used to assist the individual, family and provider agency in the development, implementation and modification of the member's individual service plan and to assist CSB in quality oversight, accountability and improvement efforts.

A "serious occurrence" means a significant event which affects the health, welfare, or safety of a member served under the circumstances listed below. Many members are vulnerable to abuse or neglect. All persons employed by an agency participating in Medicaid CSB services are mandated by law to report any instances or suspected instances of abuse or neglect to Adult Protective Services (APS) or Child Protective Services (ARM 52-3-811). They are also required to complete a Serious Occurrence Report (SOR) electronically in the Quality Assurance Management System (QAMS).

The following is a list of incidents necessitating a Serious Occurrence Report:

1. Suspected or known exploitation, physical, emotional, sexual or verbal abuse.
2. Neglect of the member, self-neglect, or neglect by a paid caregiver.
3. Sexual harassment by an agency employee or member.
4. Any injury that results in hospital emergency room or equivalent level of treatment. The injury may be either observed or discovered. An SOR would be required for any injury that occurred within the last 90 days.
5. An unsafe or unsanitary working or living environment which puts the worker and/or member at risk.

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6. Any event that is reported to Adult Protective Services, Child Protective Services, Law Enforcement, the Ombudsman Program or QAD/Licensing.
7. Referrals to the Medicaid Fraud Unit.
8. Psychiatric Emergency: Admission of an individual to a hospital or mental health facility for a psychiatric emergency.
9. Medication Emergency: When there is a discrepancy between the medication that a physician prescribes and what the individual actually takes, and this results in hospital emergency room or equivalent level of treatment or hospital admission; or any medication error occurring during the provision of Medicaid reimbursed nursing (PDN, Home Health or Hospice) services.
10. Suicide, suicide attempt or suicide threat.

Appropriate submission of SORs is not optional - it is mandatory. All SORs must be entered into the Quality Assurance Management System (QAMS) database and submitted to the RPO within 10 working days of the report of the incident to the provider. The RPO will review the SOR and return it to the provider, with any responses, within 10 working days.

Once a provider is notified about an event that meets the criteria outlined above, they are required to report the incident in QAMS as an SOR. The provider who enters the report is considered the initiating provider. If the SOR concerns another provider, the initiating provider must include the appropriate provider in QAMS as the secondary provider. If the secondary provider does not have access to QAMS, the initiating agency must print out a summary report of the SOR and send or fax it to the secondary provider. If there are more than two providers, the initiating provider is responsible to note the additional providers in the incident description field and send a copy of the report to those providers.

The initiating provider is responsible to complete all of the required fields of the SOR and submit the report to the RPO. When the SOR is submitted, the RPO and the secondary provider, when applicable, will be notified of the report.

The secondary provider, upon receiving notice of the SOR, is responsible for reviewing the report in QAMS and taking additional action, as necessary. The secondary provider must notify the RPO of the action they have taken related

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to the report within five working days. The RPO will make a note of this in the SOR report. The secondary provider is also responsible to enter in QAMS any corrective action items they intend to complete in response to the SOR within five working days.

Both the initiating provider and secondary provider are responsible for responding to all the corrective action items that are assigned to their agency and to enter a completed date in the QAMS before the RPO will close the SOR.

All providers of personal assistance services, home health services, hospice services, HCBS case management teams and Big Sky Bonanza, Independence Advisors, and Fiscal Managers are required to report an SOR. If you are unclear whether an incident constitutes an SOR, please contact your RPO for clarification. While an incident may not constitute a SOR, it may impact a member's health and safety and require supporting documentation and follow up by the provider and RPO.

It is the responsibility of the case management team to inform all Home and Community Services providers, other than those listed above, that any serious occurrence must be reported to the case management team, who will then complete the SOR.

Serious occurrence reporting is a part of the CSB quality assurance system, which is designed in part to document member health, welfare and safety issues and the service delivery system's response to those issues. Members may be involved in incidents that do not qualify as a reportable serious occurrence. Provider agencies are responsible for assessing the severity of the incident, reporting it as a serious occurrence, when necessary, and responding appropriately, regardless of circumstance. All providers are responsible for following up on incidents that involve members or affect the provider's ability to provide services. Injuries that do not warrant a serious occurrence report may require provider action and/or follow-up, which should be documented in the member's chart. Regional Program Officers should be contacted if there is any question regarding the necessary reporting and follow-up for an incident.

If a provider has concerns about another provider agency, they should inform the RPO and, upon request, complete the Request for Case Review form DPHHS-MA-128 (refer to CSB 309).